

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	121	75331	
O.I.P.E. CLASSIFIER		8	9-27-00
FORMALITY REVIEW	BZ	897	10-23-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	10/12/00
2	10/12/00
3	10/12/00
4	10/12/00
5	10/12/00
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8	10/12/00
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49	10/12/00
50	10/12/00

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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